

## PATENT APPLICATION DATA ENTRY FORMAT

### Inventor Information

In Inventor One Given Name: Warren  
Middle Initial: L.  
Family Name: Starkebaum  
Name Suffix:  
Postal Address Line One: 4230 Trenton lane  
Postal Address Line Two:  
City: Plymouth  
State or Province: MN  
Postal or Zip Code: 55442  
Country of Citizenship: United States of America

### Correspondence Information

Correspondence Customer Number: 27581  
Electronic Mail: [thomas.woods@medtronic.com](mailto:thomas.woods@medtronic.com)

### Application Information

Title Line One: Gastric Activity Notification  
Title Line Two:  
Title Line Three:  
Total Drawing Sheets: 4  
Formal Drawings?:  Yes  No  
Application Type: Utility  
Attorney Docket Number: P-9903.01 US

### Representation Information

Representative Customer Number: 27581

### Continuity Information

This application is a:  
>>Application One:  
Filing Date:  
Patent Number:  
Which is a:  
>>Application Two:

Filing Date:

Patent Number:

Which is a:

>> Application Three:

Filing Date:

Patent Number:

**Prior Foreign Applications**

Foreign Application One:

Filing Date:

Country:

Priority Claimed?:

Yes       No

**Assignee Information for Inclusion on the Patent Application Publication**

Assignee: Medtronic, Inc.

Address: Minneapolis, Minnesota